

9. BROTHERS AND SISTERS OF DECEASED VETERAN/BENEFICIARY (STATE WHETHER FULL, HALF-BLOOD, OR ADOPTED)			
A. NAME(S) OF BROTHER(S) AND SISTER(S)	B. AGE	C. ADDRESS	D. DATE OF DEATH <i>(If deceased)</i>
WE CERTIFY THAT to the best of our knowledge and belief, the above named are the only relatives of the veteran/beneficiary, living or dead, and that the foregoing statements are true.			
10A. FIRST, MIDDLE, LAST NAME OF FIRST WITNESS		11A. FIRST, MIDDLE, LAST NAME OF SECOND WITNESS	
10B. DAYTIME TELEPHONE NUMBER <i>(Include Area Code)</i>		11B. DAYTIME TELEPHONE NUMBER <i>(Include Area Code)</i>	
10C. RELATIONSHIP TO DECEASED		11C. RELATIONSHIP TO DECEASED	
10D. SIGNATURE OF FIRST WITNESS		11D. SIGNATURE OF SECOND WITNESS	
PENALTY: The statements contained herein are made with the full knowledge of the penalties imposed by law for making false statements of a material fact.			
QUESTIONS ABOUT THIS INSURANCE? CALL OUR TOLL-FREE NUMBER 1-800-669-8477.			